

**CITY OF NORTH MIAMI
NOTICE OF INJURY OR PROPERTY DAMAGE**

The following information must be completed with the utmost accuracy to the best of your knowledge. Complete information will aid in expediting the process. Submission of a claim does not guarantee payment by the City.

GENERAL INFORMATION ON CLAIMANT / INCIDENT

NAME:	Cell Phone #:	Work #:	Home #:
Address:			
Date of Birth:	Date & Time of Incident:		
Location of Incident:	Weather Conditions:		

COMPLETE THIS SECTION FOR AUTOMOBILE COLLISION			
CITY VEHICLE	YOUR VEHICLE INVOLVED	2nd Auto	3rd Auto
Vehicle #	Tag #		
Yr./Make/Model	Yr./Make/Model		
City Driver	Color		
Driver License #:	Driver:		
	License #		
	Address		
Auto Owner:	Driver:	Auto Insurer Policy #	
1. Passenger Name:	Phone Number (s) Work: Home:	Address:	
2. Passenger Name:	Phone Number (s) Work: Home:	Address:	

INJURED PARTY'S INFORMATION

BODILY INJURY	Name of injured party		
Name:			
Address / Phone #:			
Describe Injury:			
YOUR VEHICLE DAMAGE / LOSS			
Describe Damage:			
Owner's Address:			
Phone Number:			
POLICE REPORT	Dept.:	Investigating Officer:	
AMBULANCE	Org:	Unit:	
1. Witness' Name:			
Address:			
Phone Number (s) :	Work:	Home:	Cell:
2. Witness' Name :			
Address:			
Phone Number (s) :	Work:	Home:	Cell:

STATE YOUR CLAIM AND PROVIDE DOCUMENTATION: (3 Estimates required for vehicle damages)

Complete diagram for Auto Collision

Auto Collision Diagram: Draw boxes showing City Auto (C), Your Auto (1) and Other Autos (2,3).

GENERAL LIABILITY

BODILY INJURY FROM AN INCIDENT (Other than Auto)

Was Scene Examined? __ Yes __ No	By whom:	Date	Time	Photos Taken __ Yes __ No	Area Clean __ Yes __ No	Area Dry __ Yes __ No	Area Well Lighted __ Yes __ No
Level Surface __ Yes __ No	Cracks or Breaks __ Yes __ No	Slippery __ Yes __ No	Describe other hazards: _____ _____				
Injured Person's Shoes	High Heel __ Yes __ No	Low Heel __ Yes __ No	Flat Sole __ Yes __ No	Floppy Type __ Yes __ No	Using Cane or Walker __ Yes __ No	Was Injured Wearing Glasses __ Yes __ No	

DETAILED ACCOUNT OF INCIDENT (State your claim; provide all supporting information available)

This form may be faxed or mailed to: (305-891-8100) - Risk Management Division, City of North Miami
 776 NE 125 NE Street North Miami, FL 33161 **Notification of hazards should be phoned in immediately**
 to 305-893-6511 extension 13101 or 13102. **The information on this form is confidential information under Florida Statute 768.28.**

Name of person completing form (print or type)	Relationship to Claimant(s)
Signature	Date

Person (s) who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information, commits insurance fraud, punishable as provided in FS. 817.234.